SECTION 2

Helpful Modifications to Primary Care Office Routines

Making some adjustments to basic primary care protocol can facilitate caring for CSHCN in your practice.

Enhancement to the Medical Record–Individual Health Plan (IHP)

Patients and providers benefit greatly when IHPs are added to the medical record of CSHCN. These are four-five page computerized summaries of patient care and most effective when broadly disseminated to other providers and the family. A Web-based application is ideal, but you can maintain the documents on personal computers. IHPs require an initial investment in time, but updates are quickly done and standard approaches to likely complications can be developed for your office. In a standard panel size of 1,200 to 1,500 patients, 30 - 40 may benefit from having an IHP (see Figure 3).

Key Components - first two pages

- Identifying and family contact data for the child
- Principal Diagnosis
- Active problem list; medications and allergies; consultants

Subsequent Components

- History
- Review of Systems
- List of predictable complications that may present
- Requirements for transport
- Team goals

Distribution

- Print and file initial document and subsequent updates in patient's office chart
- Make IHP available to covering physicians after hours
- Give copy to patients to bring to outside encounters
- Obtain parental consent to share IHP with other providers
- Fax/mail IHP to specialists along with consultations
- Send IHP to school

Benefits

- Concise, up-to-date snapshot of patient
- Enhances communication during referral process and emergency room visits
- Reduces family burden to continually repeat
- Increases comfort of covering providers in managing complex cases.

Figure 3

INDIVIDUAL HEALTH PLAN
Condensed Entries

CSHCN Program/Our Town Pediatrics
10 Harmony Ave., Our Town, MA
Office ### PNP # 555-1212

James Joyce **Last Revision 2/2/00**
(Children's Hosp. Med. Ctr [CHMC] ####)
Date of Birth
Address/Phone/Parent

Principal Diagnosis: Complications of Prematurity (26 weeks)

Problem List:
1. s/p Gr IV IVH Hydrocephalus, VP Shunt
2. seizure disorder
3. Gastrostomy
4. gross/fine motor impairment

Admissions (12m):
3-1-99 HMC Heel chord lengthenings
3-23-99 pneumonia, treated at home

Medications:
Chronic
1. Phenobarbital (20mg/5cc) 80mg qhs
   (increased post admission 1/13/00)
   Detail on medication changes by date
2. VPA (250/5cc) Give 300mg TID
   (increased post admission 1/13/00)
   Detail on medication changes by date
3. Klonopin (100mcg/ml) 0.6mg susp TID
   PGT (refilled 12/1/99 X 3)
4. Zantac (15mg/ml) 30 mg TID PGT
   (refilled 10/4/99 X 5)
5. Bactrim 200/5 1 tsp Qd (began 8-26-98, pulm)
   4-14-99

Allergies:
None known

Consultants/Hospital/Phone #/Last Seen :
1. Dr. Smith, Neurosurg CHMC 355-5555 4-8-99
2. Dr. Mason, CHMC 355-5555
3. Dr. Thomaso, CHMC 355-5555
4. Early Intervention: Harbor Area 569-5555

PRN
1. Ventolin 0.5/2ccNS given up to q 4 hrs

2. Tylenol 240mg q 4hrs
   PRN temp > 101.5/pain

Equipment:
Feeding pump, O2 stationary, O2 portable, suction stationary, suction portable,
Mic-key gtube 18Fr. 2.0cm, portable LP10 vent, suction supplies, feeding tube supplies,
O2 sat and Apnea monitor, snug seat, lap tray, carseat, bath chair, 3/5/10cc syringes.
Wheelchair ordered/fitted: 2/19/98, Pediasure 4can/day., 4.5 TTS Bivona (has cuff

INDIVIDUAL HEALTH PLAN (continued)

DME:	Home Care: Sarah Stuart, Phone #, Fax #, Supervisor name/#
Home Care:	VNA of Greater Boston, Case Manager – C. Sullivan, R.N., 555-5555
Department of Public Health:	Kathy Reyes, 888-8888
MA Commission for Blind:	Susan Carter, 555-5555
School:	Kennedy School, Nurse Harris, 444-4444
Pharmacy:	Hometown Pharmacy, 10 Main Street, Boston 02115 555-5555

History:
This 26 week premature infant twin, Gr IV- IVH in the NICU, Intub x 3 months, trach for subglottic stenosis. 10/9/95: admit continuous mild to moderate resp distress on 30% O2, vented. 4/10/97 D/C to home from Children's Hospital.

Review of Systems (ROS)

Nutrition/Swallowing: PEG placed 12/96. **NPO** as of 12/12/97. 840 kcal daily. Pediasure with Fiber **Vision:** Cortically blind **Hearing:** Moderate bilat. conductive loss **Communication:** No words, cries/smiles **Respiratory**: LP10 portable vent A/C mode. Tidal volume: 200. Peep 5. Back up rate 10. 4.5pediatric shiley trach changed monthly. CPT and suctioning q 4 hrs. Vent 8 hours/night. Swedish nose x 4hours/day Rest of day room air mist via trach collar. Abx prophylaxis per pulmonary.	**Dental:** Cleaning 3/99 **Cardiac, Renal, Endocrine**: No known problem **Orthopedic**: Hip/knee contractures. Grade IV IVH. **Neurologic:** Profound gross/fine motor impairment. Profound cognitive impairment. Multiple seizures per day of mixed types. Phenobarb + VPA levels q 4 weeks. **Skin Integrity**: Very sensitive skin. Aquaphor for dry spots.

Potential Problems for Coverage

Please see care plan/coverage book for information regarding:
1. Escalating seizures
2. VP shunt malfunction
3. Respiratory distress
4. Complications of tracheostomy use/mechanical ventilation
5. Complications of gastrostomy

Team Goals: Family Meeting 2/12/00
1. Attempt to wean from ventilator
2. Re-evaluate hearing status
3. Apply for respite care from Department of Mental Retardation
4. Camp placement for sister